

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 30

For Official Use Only

Statement covers period

from 01/01/2023

through 04/13/2023

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☐ Semi-annual Statement
☒ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1439961

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Christy Holstege for Assembly 2022

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Palm Springs</u>	<u>CA</u>	<u>92262</u>	<u>(760)537-0773</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	

OPTIONAL: FAX/E-MAIL ADDRESS

(916) 333-1344 / Holstege2022@deaneandcompany.com

Treasurer(s)

NAME OF TREASURER
Christy Holstege

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Palm Springs</u>	<u>CA</u>	<u>92262</u>	<u>(760) 537-0773</u>

NAME OF ASSISTANT TREASURER, IF ANY
Shawnda Deane

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/13/2023 By Shawnda Deane
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/13/2023 By Christy Holstege
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Christy Holstege

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sought: Other California State Assembly

47

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Palm Springs CA 92264

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME Christy Holstege for Assembly 2024	I.D.NUMBER 1459171
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NAME OF TREASURER Christy Holstege	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY Palm Springs	STATE CA	ZIP CODE 92262	AREA CODE/PHONE (916) 285-5733
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COMMITTEE NAME	I.D.NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2023 through 04/13/2023	CALIFORNIA FORM 460 Page 3 of 30 I.D. NUMBER 1439961
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Christy Holstege for Assembly 2022

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$0.00	\$0.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$0.00	\$0.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$0.00	\$0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$49,433.06	\$49,433.06
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$49,433.06	\$49,433.06
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$6,415.51)	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$43,017.55	\$49,433.06

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

Current Cash Statement		
12. Beginning Cash Balance	Previous Summary Page, Line 16	<u>\$37,192.75</u>
13. Cash Receipts	Column A, Line 3 above	<u>\$0.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>\$12,240.31</u>
15. Cash Payments	Column A, Line 8 above	<u>\$49,433.06</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	<u>\$0.00</u>
If this is a termination statement, Line 16 must be zero.		
<hr/>		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	<u>\$0.00</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	04/13/2023	Page 4 of 30
NAME OF FILER Christy Holstege for Assembly 2022		I.D. Number 1439961

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$0.00		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$0.00
2. Amount received this period - unitemized contributions of less than \$100	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$0.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 01/01/2023 through 04/13/2023	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Holstege for Assembly 2022

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 01/01/2023 through 04/13/2023	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Holstege for Assembly 2022

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2023</u> through <u>04/13/2023</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Holstege for Assembly 2022

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	01/01/2023		
through	04/13/2023	Page 8 of 30	
		I.D. NUMBER 1439961	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Holstege for Assembly 2022

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/15/2023	Payee Name: Lindsey Horvath for Supervisor 2022 Candidate Name: Lindsey Horvath County Supervisor District 3 Jurisdiction: Los Angeles County	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$1,500.00

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) **\$1,500.00**
- Unitemized contributions and independent expenditures made this period of under \$100 **\$255.00**
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$1,755.00**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2023 through 04/13/2023	CALIFORNIA FORM 460
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I.D. NUMBER 1439961	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Holstege for Assembly 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Treasury Washington, DC 20220	SAL			\$94.26
United States Treasury Washington, DC 20220	SAL			\$25.20
Employment Development Department (EDD) Sacramento, CA 95820	SAL			\$30.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$49,383.06
2. Unitemized payments made this period of under \$100.	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$49,433.06

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2023		
through 04/13/2023		Page 10 of 30
NAME OF FILER Christy Holstege for Assembly 2022		I.D. NUMBER 1439961

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Holstege for Assembly 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Intuit, Inc. Mountain View, CA 94043	SAL			\$329.62
Adam Gilbert Palm Desert, CA 92260	TRC			\$11.20
Adam Gilbert Palm Desert, CA 92260	TRC	6/29/22-7/4/22, RT Airfare, Sacramento, CA, Campaign Event, 1, Candidate		\$157.96
Adam Gilbert Palm Desert, CA 92260	TRC			\$71.86
Adam Gilbert Palm Desert, CA 92260	TRC	8/21/22-8/23/22, RT Airfare, Sacramento, CA, Campaign Event, 1, Candidate		\$297.96

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 04/13/2023		CALIFORNIA FORM 460 Page 11 of 30
NAME OF FILER Christy Holstege for Assembly 2022		I.D. NUMBER 1439961

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Adam Gilbert Palm Desert, CA 92260	TRC		9/21/22, RT Airfare, Sacramento, CA, Campaign Event, 1, Candidate	\$314.96
Adam Gilbert Palm Desert, CA 92260	TRC		9/7/22-9/9/22, RT Airfare, Sacramento, CA, Campaign Event, 1, Candidate	\$317.35
Adam Gilbert Palm Desert, CA 92260	TRC		8/17/22-8/18/22, RT Airfare, Oakland, CA, Campaign Event, 1, Candidate	\$341.96
Adam Gilbert Palm Desert, CA 92260	TRC		8/4/22-8/9/22, RT Airfare, Sacramento, CA, Campaign Event, 1, Candidate	\$368.54
Adam Gilbert Palm Desert, CA 92260	TRC		10/6/22, RT Airfare, Oakland, CA, Campaign Event, 1, Candidate	\$405.97

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2023		
through 04/13/2023		Page 12 of 30
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Holstege for Assembly 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Adam Gilbert Palm Desert, CA 92260	TRC			\$12.77
Adam Gilbert Palm Desert, CA 92260	TRC		11/9/22-11/10/22, RT Airfare, Sacramento, CA, Campaign Travel, 1, Candidate	\$674.20
Janine Gharghoury Palm Springs, CA 92262			Mileage	\$851.25
Janine Gharghoury Palm Springs, CA 92262	OFC			\$91.84
Janine Gharghoury Palm Springs, CA 92262	TRS		12/16/22, Parking for ACLU Policy Symposium, 1	\$150.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2023		
through 04/13/2023		Page 13 of 30
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Holstege for Assembly 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Christy Holstege Palm Springs, CA 92264			Mileage	\$113.75
United States Treasury Washington, DC 20220	SAL			\$908.90
United States Treasury Washington, DC 20220	SAL			\$198.00
Employment Development Department (EDD) Sacramento, CA 95820	SAL			\$166.62
Intuit, Inc. Mountain View, CA 94043	SAL			\$2,478.68

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2023		
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Deane & Company Sacramento, CA 95815	PRO			\$150.00
Deane & Company Sacramento, CA 95815	PRO			\$979.32
United States Treasury Washington, DC 20220	SAL			\$908.90
United States Treasury Washington, DC 20220	SAL			\$198.00
Employment Development Department (EDD) Sacramento, CA 95820	SAL			\$166.62

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
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NAME OF FILER Christy Holstege for Assembly 2022		I.D. NUMBER 1439961

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Christy Holstege for Assembly 2022

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Intuit, Inc. Mountain View, CA 94043	SAL			\$2,478.68
State Compensation Insurance Fund Pleasanton, CA 94588	OFC			\$244.75
Deane & Company Sacramento, CA 95815	PRO			\$75.00
Deane & Company Sacramento, CA 95815	PRO			\$847.57
United States Treasury Washington, DC 20220	SAL			\$93.80

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Christy Holstege for Assembly 2022		I.D. NUMBER 1439961

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Treasury Washington, DC 20220	SAL			\$36.00
Intuit, Inc. Mountain View, CA 94043	SAL			\$553.85
Adam Gilbert Palm Desert, CA 92260			Reissue Voided Check; See Schedule I	\$8.00
Kingsbridge Technologies Monarch Beach, CA 92629	LIT			\$752.99
Kingsbridge Technologies Monarch Beach, CA 92629	LIT			\$816.46

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Schedule E (Continuation Sheet) Payments Made

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Deane & Company Sacramento, CA 95815	PRO			\$583.98
Lindsey Horvath for Supervisor 2022 Long Beach, CA 90814	CTB			\$1,500.00
Committee ID: 1437724 Booker Victory Fund Washington, DC 20003			Federal Contribution	\$1,000.00
Card Services Center Kennesaw, GA 30144			Credit Card Payment	\$673.98
Card Services Center Kennesaw, GA 30144			Credit Card Payment	\$391.97

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Janine Gharghoury Palm Springs, CA 92262	OFC			\$34.11
Janine Gharghoury Palm Springs, CA 92262	CTB			\$255.00
Janine Gharghoury Palm Springs, CA 92262			Federal Contribution	\$80.00
Janine Gharghoury Palm Springs, CA 92262	POS			\$9.10
Janine Gharghoury Palm Springs, CA 92262	OFC			\$23.98

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Janine Gharghoury Palm Springs, CA 92262	OFC			\$72.43
Janine Gharghoury Palm Springs, CA 92262	MTG			\$94.00
Janine Gharghoury Palm Springs, CA 92262		Childcare		\$160.00
Janine Gharghoury Palm Springs, CA 92262	CNS			\$2,875.00
Janine Gharghoury Palm Springs, CA 92262		Mileage		\$570.51

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2023		
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NAME OF FILER Christy Holstege for Assembly 2022		I.D. NUMBER 1439961

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Deane & Company Sacramento, CA 95815	PRO			\$157.10
Christy Holstege for Assembly 2024 Sacramento, CA 95815			Transfer to Affiliated Committee	\$23,514.62
Committee ID: 1459171 Card Services Center Kennesaw, GA 30144			Credit Card Payment	\$664.49

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SUBTOTAL \$49,383.06

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
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SCHEDULE F

Statement covers period
from 01/01/2023
through 04/13/2023

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Christy Holstege for Assembly 2022

I.D. NUMBER
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kingsbridge Technologies Monarch Beach, CA 92629	LIT	\$752.99	\$0.00	\$752.99	\$0.00
Janine Gharghoury Palm Springs, CA 92262	OFC	\$91.84	\$0.00	\$91.84	\$0.00
Janine Gharghoury Palm Springs, CA 92262	TRS 12/16/22, Parking for ACLU Policy Symposium, 1	\$150.00	\$0.00	\$150.00	\$0.00

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SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$6,415.51
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$6,415.51)
May be a negative number.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Statement covers period
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Janine Gharghoury Palm Springs, CA 92262	Mileage	\$851.25	\$0.00	\$851.25	\$0.00
Adam Gilbert Palm Desert, CA 92260	TRC	\$12.77	\$0.00	\$12.77	\$0.00
Adam Gilbert Palm Desert, CA 92260	TRC	\$71.86	\$0.00	\$71.86	\$0.00
Adam Gilbert Palm Desert, CA 92260	TRC 10/6/22, RT Airfare, Oakland, CA, Campaign Event, 1, Candidate	\$405.97	\$0.00	\$405.97	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Adam Gilbert Palm Desert, CA 92260	TRC 11/9/22-11/10/22, RT Airfare, Sacramento, CA, Campaign Travel, 1, Candidate	\$674.20	\$0.00	\$674.20	\$0.00
Adam Gilbert Palm Desert, CA 92260	TRC	\$11.20	\$0.00	\$11.20	\$0.00
Adam Gilbert Palm Desert, CA 92260	TRC 6/29/22-7/4/22, RT Airfare, Sacramento, CA, Campaign Event, 1, Candidate	\$157.96	\$0.00	\$157.96	\$0.00
Adam Gilbert Palm Desert, CA 92260	TRC 8/4/22-8/9/22, RT Airfare, Sacramento, CA, Campaign Event, 1, Candidate	\$368.54	\$0.00	\$368.54	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Adam Gilbert Palm Desert, CA 92260	TRC 8/17/22-8/18/22, RT Airfare, Oakland, CA, Campaign Event, 1, Candidate	\$341.96	\$0.00	\$341.96	\$0.00
Adam Gilbert Palm Desert, CA 92260	TRC 8/21/22-8/23/22, RT Airfare, Sacramento, CA, Campaign Event, 1, Candidate	\$297.96	\$0.00	\$297.96	\$0.00
Adam Gilbert Palm Desert, CA 92260	TRC 9/7/22-9/9/22, RT Airfare, Sacramento, CA, Campaign Event, 1, Candidate	\$317.35	\$0.00	\$317.35	\$0.00
Adam Gilbert Palm Desert, CA 92260	TRC 9/21/22, RT Airfare, Sacramento, CA, Campaign Event, 1, Candidate	\$314.96	\$0.00	\$314.96	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 01/01/2023
through 04/13/2023

CALIFORNIA
FORM 460

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NAME OF FILER
Christy Holstege for Assembly 2022

I.D. NUMBER
1439961

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Christy Holstege Palm Springs, CA 92264	Mileage	\$113.75	\$0.00	\$113.75	\$0.00
Card Services Center Kennesaw, GA 30144	Credit Card Payment	\$664.49	\$0.00	\$664.49	\$0.00
Kingsbridge Technologies Monarch Beach, CA 92629	LIT	\$816.46	\$0.00	\$816.46	\$0.00
SUBTOTALS		\$6,415.51	\$0.00	\$6,415.51	\$0.00

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2023
through 04/13/2023

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Holstege for Assembly 2022

I.D. NUMBER
1439961

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Card Services Center

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Eight4Nine Restaurant & Lounge Palm Springs, CA 92262	MTG		3/7/23, Campaign Meeting, 4, including Candidate	\$237.62
Eight4Nine Restaurant & Lounge Palm Springs, CA 92262	MTG		Appetizers Only	\$334.31
Lin Lines Palm Springs, CA 92262			Credit	(\$1,092.00)
Mailchimp Atlanta, GA 30308	OFC			\$135.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$-385.07

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2023
through 04/13/2023

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Holstege for Assembly 2022

I.D. NUMBER
1439961

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Card Services Center

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mailchimp Atlanta, GA 30308	OFC			\$135.00
Mailchimp Atlanta, GA 30308	OFC			\$135.00
Women Forward Coaching Auburn, ME 04210	OFC			\$700.00
Southwest Airlines Dallas, TX 75235	TRC	3/20/23, Airfare, Sacramento, CA, Campaign Debrief, 1, Candidate		\$391.97

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1361.97

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	04/13/2023	Page 28 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Holstege for Assembly 2022

I.D. NUMBER
1439961

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Intuit, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yurema Arvizu Coachella, CA 92236	SAL			\$327.87
Janine Gharghoury Palm Springs, CA 92262	SAL			\$2,476.93
Janine Gharghoury Palm Springs, CA 92262	SAL			\$2,476.93
Nathan P. Kempe Riverside, CA 92503	SAL			\$552.10

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5833.83

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period
from 01/01/2023
through 04/13/2023

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Holstege for Assembly 2022

I.D. NUMBER
1439961

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET (May be a negative number)

** If Required

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2023
through 04/13/2023

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Holstege for Assembly 2022

I.D. NUMBER
1439961

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
2/6/2023	Brian J. Mineghino Long Beach, CA 90808	Void Check	\$3,097.50
2/17/2023	Political Data, Inc. Long Beach, CA 90652	Void Check	\$64.01
2/17/2023	Political Data, Inc. Long Beach, CA 90652	Void Check	\$230.04
2/21/2023	Buying Time, LLC Washington, DC 20001	Refund	\$8,840.76

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$12,232.31

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$12,232.31
2. Unitemized increases to cash under \$100 this period.....	\$8.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$12,240.31